್ತಿ.\$. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7679	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Donna L Frame	Name United Food & Commercial Workers Union #655		
	Labor Organization File Number 015641		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 9201 Hale Drive	Street 300 Weidman Road		
City St. Louis	City Ballwin		
State Missouri ZIP Code + 4 63123	State Missouri ZIP Code + 4 63011		
5. Position in labor organization. Administrative: Manager Pension in the state that the manager Pension is the state of t	्र अवाद्यतः । त्र तः, इ हायह है । राम वह रीत्र क्षांता स्थव प्रमाण हिल्लाम् । बाह्य होता स्थापन होता है । राम वह स्थापन स्थव साम स्थापन स्थापन स्थापन स्थापन स्थापन स्थित होता राम स्थापन स्		
g/gr-			
Enter appropriate data below If, during the past fiscal year, you or your spot (except as specified in the exclusion)	ise or minor child directly or indirectly had any of the following interests sions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or comonetary value from an employer whose employees your organization.	derived income or other economic benefit of on represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	7.b. Amount.		
City State ZIP Code + 4	SECTION OF THE CONTRACT OF THE		
y reminde plug lik gene her amenge verde kalagers ver er folk i kilolik bliker. Signa	eture		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Norma 9- Frame	On 08/11/2005 636-736-2712		
Form LM-30 (2003)	Date Telephone Number		
COUNTERFOR (2003)			

Committee of the Commit

eres Brace Room

Name of Person Filing Donna Frame		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Morgan Stanley Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 440 LaSalle Street City Chicago State Illinois ZIP Code + 4 60605	9. Business deals with: a. Labor Organiza b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	11.a. Nature of such deali Client Dinner in S 11.b. Approximate dollar valu 12.a. Nature of interest hele	t. Louis, MO se of such dealing. \$77	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Iame of Person Filing Donna Frame		mber U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name The Segal Company Advisors Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 North Wacker Drive Suite 500 City Chicago State Illinois ZIP Code + 4 60606-1724	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin	11.a. Nature of such dealing. Registration Fee for Edu 11.b. Approximate dollar value of such	h dealing. \$850	
State Missouri ZIP Code + 4 63011	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Donna Frame	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name UFCW Local 655 Food Employers Joint Pension Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin	11.a. Nature of such dealing. Expenses incurred for educational seminar with The Segal Company Advisors held in San Juan, PR 11.b. Approximate dollar value of such dealing. \$309		
State Missouri ZIP Code + 4 63011	12.b. Amount.		
C. Received from any employer (other than an employer covered unde	r parts A and B above)		
or from any labor relations consultant to an employer any payment of money	or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Donna Frame	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ling with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name International Foundation of Employees Benefi Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 18700 W Bluemound Road City Brookfield State Wisconsin ZIP Code + 4 53005	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, If any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Registration Fee for Educational Seminar
Street 300 Weidman Road	11.b. Approximate dollar value of such dealing. \$915
City Ballwin State Missouri ZIP Code + 4 63011	12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of Person Filing Donna Frame	File Number U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name UFCW Local 655 Food Employers Joint Pension Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	11.a. Nature of such dealing. Expenses incurred for educational seminar with International Foundation held in New Orleans, LA 11.b. Approximate dollar value of such dealing. \$310 12.a. Nature of interest held or income received.
	12.b. Amount.
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

ame of Person Filing Donna Frame		File Number U -	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name The Segal Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 North Wacker Drive Suite 500 City Chicago State Illinois ZIP Code + 4 60606-1724	9. Business deals with: a. Labor Organizat b. Trust c. Employer	tion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	11.a. Nature of such dealing Client Dinner @ Late Late Late Late Late Late Late Late	Terrace Rest. in	San Juan, PR
12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

ame of Person Filing Donna Frame		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Byrnes Software Technologies, Inc Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1819 Clarkson Road, Suite 200 City Chesterfield State Missouri ZIP Code + 4 63017 10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any Street 300 Weidman Road	9. Business deals with: a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Ball Tickets		
City Ballwin	11.b. Approximate dollar value 12.a. Nature of interest hel		
State Missouri ZIP Code + 4 63011			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		,,,,	
13.a. Name and address of Employer or Labor Relations Consultant	or other thing of value. 14.a. Nature of payment.		
(including trade name, if any).			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street			
City			
State ZIP Code + 4			
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.		

ne of Person Filing Donna Frame		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Commerce Trust Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 8000 Forsyth City St. Louis State Missouri ZIP Code + 4 63105	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	11.a. Nature of such deali Client Dinner in N 11.b. Approximate dollar value.	dew Orleans, LA ue of such dealing. \$93	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

ame of Person Filing Donna Frame		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Mellon Institutional Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street One Boston Place Suite 024-0241 City Boston State Massachusetts ZIP Code + 4 02108	9. Business deals with: a. Labor Organizat b. Trust c. Employer	iion	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Plan P.O. Box, Bldg., Room No., if any Street 300 Weidman Road City Ballwin State Missouri ZIP Code + 4 63011	11.a. Nature of such dealing Client Dinner in No. 11.b. Approximate dollar values 12.a. Nature of interest held	ew Orleans, LA e of such dealing. \$200	
	12.b. Amount.		
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		

Name of Person Filing Donna Frame	File I	Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name McGlinn Capital Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 850 N Wyomissing Blvd. City Wyomissing State Pennsylvania ZIP Code + 4 19610	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name United Food & Commercial Workers Local 655 Trade Name, if any: Food Employers Joint Pension Fund P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Christmas Gift		
Street 300 Weidman Road	11.b. Approximate dollar value of se	uch dealing. \$106	
City Ballwin State Missouri ZIP Code + 4 63011	12.a. Nature of interest held or in	ncome received.	
	12.b. Amount.		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		